



BIRTHDAY PARTIES!!

RESERVATION FORM

Child's Name _____ Date of Birth _____

Name(s) of Parents _____

Address _____

City, Zip _____

Home Phone _____ Work Phone _____

Party Date _____ Party Time _____

Party Location _____

Teacher preference _____

Enclosed is a \$50 deposit to hold my class time. I realize that this deposit is non-refundable.

DATE

PARENT SIGNATURE

Please make checks payable to: Musical Beginnings, 606 South Union Street, Westfield, IN 46074